



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 57 to Name Joseph White Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Joseph White
2. What is your full Address? 2. Stevanville
St Georges Street
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. Miner
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? .. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. } Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Joseph White do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Joseph White SIGNATURE OF RECRUIT.
Cap. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph White do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 17 day of June 1915

Signature of Attesting Officer Asst Dickson

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date 1915 }
Place } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

Reg. No. 5700 Rank 1st Lt
Attested 1/4/18 Address Stephens
Allotment 60 Allottee Alex White
Date of Allotment 1/5/18 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

SR 23-6-18 - 3-7-18 R.R. 4-7-18
1st Dec 11-7-18 2nd Dec 20-7-18

Reg. No. 5700 Rank 7th
 Attested 1/4/18 Address Stephenville
 Allotment 60 Allottee Alex White
 Date of Allotment 1/8 Returned from Overseas.....
 Embarked for Overseas JUL 22 1918 Cause.....

Sgt 23-6-18 - 3-7-18 R.B. 4-7-18
1st Lt 11-7-18 2nd Lt 20-7-18

C.R.

5750

Extract from **Daily Orders** part 11, Depot st. John's dated Dec.30/1918.

The undernoted discharge on demobilization have been approved by Officer commanding discharge depot from 26-12-18. He is removed from Depot strength and transferred to discharge depot pending confirmation by Officer i/c Records.

On leave without pay.

#5750 Pte. Wm. Parsons,

26-12-18

Confirmed same date.

C.R. 5400

Extract from Daily orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 18th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/o Records from noted date

8-8-19.

5700, Pte. J. White.

C.R. 5700

Extract from Daily Orders Part 11 Unit The Royal Bfld.
Regt. St. John's, July 15, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 25-7-19.

5700 Pte. J.White.

C.R. 5700

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 24th 1919.

5700 Pte. J.White.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

GR.

5700

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Reg St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5700 Pte. Joseph White.

C.R. 5705

Extract from Daily Orders part 11, from Unit The Royal
Wfld. Regt. St. John's, dated June 18, 1918

#5700 Pte. Jos. White.

Attested for General Service with the Royal Wfld. Regt.
from 17-6-18

J. White

C.R. 5700

1180

White, J

5700

Ray Sept.

August 8th 1919.

#5700, Ste. J. White,
Stephenville King.

Dear Sir:

Enclosed please find Discharge Certificate
3628.

Yours truly,

Capt.⁶⁶
Officer i/c records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5700 Rank. Pte Name. White J
 Intended place of residence. Stephenville
 2. Occupation Miner
 Classification of soldier. 2 Medical Category. AI

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 11 1919

J. M. West
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 11 1919

J. White
 Signature of soldier

J. Knowlton
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 11 1919

J. White
 Signature of soldier

W. J. Scatory
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 17-6-18 No. of days on Military
 Discharged from service. JUL 25 1919 Plus 14 days Service. 418

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 25 1919

R. Cooke Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 8 1919

R. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

275 2029 / 362

14
31
8
5-3

The Royal Newfoundland Regiment

Class for Demobilization:—

6

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

10.7.19

Regimental No. *5700*

Name

White, Joseph

Address

Stephenville

Present Medical Category.....

A.i

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

R.H. East Major
O.C. Discharge Depot.

L. Peterson
Senior Medical Officer

J.W. Berden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OR

Reg. No. 2700 Rank Pls Name White J
 Date of Enlistment 17-6-18 Address St. John's District St. George's
 Occupation Medic Classification for Discharge 17 Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	/
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	/ D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 10-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am White in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 6

(b) Clothing ~~Supplied~~

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2407 to his home at Stephemille and Release Certificate No. 3451 issued.

Date 11-7-19

J.A. Snowcraft
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-8-19

Date 11-7-19

H. H. Newsitt
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	/	N.F. Med.	D.F. 1	/
E 178	W 3494	B 122		Board 1st	" 2	
R 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	/ D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 11-7-19

J.A. Snowcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919

L.N. Cooper Capt
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

J. White

Signature of Man.

Reg. No. 5 200

J. H. Snowcraft
Signature of the Vocational Officer or his Representative.

Place

M. Johns

Date

11-7-19

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To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

OF

Surname White

Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Stephenville County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>St. John's</u>	at	
Declared Age	<u>19</u>	years		days
Trade or Occupation	<u>Miner</u>			
Height	<u>5'</u>	<u>9 1/4</u>	feet	inches
Weight	<u>180</u>		lbs.	lbs.
Chest Measurement	Girth when fully expanded	<u>36</u>	inches	inches
	Range of Expansion	<u>3 1/2</u>	inches	inches
Physical Development				
Vaccination Marks	Right		Right	
	Left	<u>1 scar</u>	Left	
When Vaccinated	<u>8 years ago</u>			
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. Peterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	<u>17</u>	day of	<u>June</u>
				191 <u>8</u>
Joined on Enlistment	Corps	<u>Royal Nfld</u>	Regtl. No.	<u>5700</u>
		<u>Regiment</u>		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

al or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

No duty

W. J. Vician

CAPT., R. A. M. C.

[P.T.O.]



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *White, Joseph*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5700*

Intended address *Stippenville King Bq #1 Hoys*

Height on discharge *5 Feet 9/4*

Color of hair on discharge *Black*

Complexion *swarthy*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Tall*

Christian name of Father *Alex.*

Christian name of Mother *Kadour*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Stippenville King 175-1899*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Joseph White

[Signature]

(Rank)

Station

ST. JOHN'S

Date

7-7-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station



Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *miner*
2. Regtl. No. *2700* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *White Joseph* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *20*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war ✓

(ii.) Previous active service, ✓

(iii.) Climate in pre-war service ✓

(iv.) Ordinary military service before the war ✓

(v.) Serious negligence or misconduct on the man's part. } ✓

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

15. What is his present condition ?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

The Complaints of no Disability

16. Was an operation performed ? If so, when and what was its nature ?

17. If not, was an operation advised and declined ?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W.S. Procnier. Capt. Ramer.

Station *Hazley Down*

Medical Officer in charge of case.

Date *3/11/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

August 19, 1919

Mr. Joseph White,
Stephenville Crossing.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due you
on account of War Service Gratuity.

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Joseph* 2. Surname..... *White*

3. Rank..... *Pte* 4. Regtl. No..... *5700*

5. Address in full to which future payments of gratuity are to be forwarded..... *Stephenville Crossing*

6. Date of enlistment in the Regiment..... *June 17/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
.....
.....

8. Relationship of such dependents.....
.....
.....

9. Address in full of such dependents.....
.....
.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or overseas..... *From June 17/18*

To July 11/19 1.1

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

No.

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

No.

15. Have you been issued with a War Service Badge?

No.

16. Have you, during the present war, served in the Imperial Forces?

No.

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

No.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

No.

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Res? If not give - (a) Date of discharge. (b) Reason for discharge.

No.

Discharged July 11/19

Reason for discharge: Rejected for enlistment

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

No.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Joseph White

Signature of Applicant:

Place of Residence:

Declared before me at:

This

11th

day of

*Stephenville Crossing, Wfd.,
St. John's, Wfd.*

19*19*

John C. Coffey

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
-----------	------------------	--------------------	--------------------------	-------------------

.....
.....
.....

Certified correct.

Paymaster

10276
10276
DUPLICATE

NEWFOUNDLAND CONTINGENT

N.F.C. 478

To:

The Minister of Militia.
St John's,

No. _____

" " Company.

MEMORANDUM OF STOPPAGES/~~CREDITS~~ on account of
NEWFOUNDLAND

RATION ALLOWANCES.

NOTE:- Charge under

Column

Credit

Regtl NO.	Rank & Name	Pay & Record Office London. Authority	AMOUNT					
			£	s	d			
2/2700	Pte White.J	Ration Allowance credited in error 2 days @ 2/1 Per Obs B.Coy ending 26.6.19				4	2	

Pay & Record Office.
58, Victoria Street,
London, S.W. 1.

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J.H. Muscarell
Chief Paymaster & O. i/c Records.

August 9th

CERTIFIED that the above Stoppages/~~Credits~~ have been made

in the Pay Book " " Coy for Period / / to / /

Dated at _____

191

C.C. " " Company.
Battalion.

Rockwood Maine Nov 20th
1921
Spencer Bay
1/2 of Gilbert camp

Sent to
Stephenville

Please send me my service
button for I did not get
one yet. I remain
yours truly

5-700 Ex pte Joseph White
From Stephenville
Newfoundland

Dec. 23rd, 1921

Mr. Jos. White,
Stephenville.

Dear Sir:-

Reference your letter of recent date,
concerning your Badge, I beg to state that it was
forwarded to Stephenville some time ago

Yours faithfully,

Capt.,

for Paymaster

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921

1921.

The accompanying ~~Victory Medal~~ and/or British War Medal

is/are forwarded herewith to

Joseph White

in respect of his service as No. 5700 Rank Pte.

Name Joseph White Royal Nfld. Regt.
~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received at Rockwood Maine

Signature Joseph White

Date Nov 18th 1921

Address Rockwood Maine Spencer Bay
% Fred Gilbert [P.T.O.]
Camp

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forma
B 121.
29.

Regiment of

The Royal Newfoundland

Signature of O. C. Company

Number of Sheet

One

C. J. White

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Joseph. White.</i>	Age on	19 years months	<i>Miner</i>	
5720		Place and Date of Enlistment	<i>St. John's 17-6-18</i>	Religion	
Joined		Date	Period of <i>7/6/18</i> with Colours <i>153</i> years. with Reserve <i>365</i> years.	<i>RC.</i>	
Joined		Date		Place of Birth	
Joined		Date		<i>St. John's N. B. George</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St. John</i>	<i>8 5/19</i>			

To be carried over.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi) or (vii), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *mines*
2. Regtl. No. *5700* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *White* *Joseph* (a) Former Regts. or Corps with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *70*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

not
not
not

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no Disability

16. Was an operation performed ? If so, when and what was its nature ?

17. If not, was an operation advised and declined ?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W.E. Procmier *Copy Ram*

Medical Officer in charge of case.

Station *Hazeley Down*

Date *3/14/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5700 Rank Private Name White, J.
 Date of Enlistment 17-6-18 Address St. John's District St. John's
 Occupation Mined Classification for Discharge 1 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....		

Date 10-7-19

O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied *[Signature]*

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 2407*.....to his home at *Stephenville*..... and Release Certificate No. *3451*..... issued.

Date *11-7-19*..... *J. A. Shaveloff*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *8-3-19*

Date *11-7-19*..... *J. A. Shaveloff*
Depot Paymaster.

Discharge approved for *25-7-19*.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	/	N.F. Med	D.F. 1	/
F 178	W 3494	B 122	/	Board 1st	" 2	/
F 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form B
B 179	D 400B	Form L	/	do 3rd	" 4	
B 179a	D 400C	Form K	/	do 4th	" 5	
B 179b	B 103	ME 2	/		" 6	
B 179c	B 120	M 93	/			

Date *11-7-19*..... *J. A. Shaveloff*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

Date *JUL 25 1919*..... *A. R. Cooper Capt*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date *Aug 7 1919*..... *M. H. ...*

Reg. No. *5700* Rank *Pte* Name *White Jos*
Attested Address *Stephenville*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S.S. *Cassa dra* Cause *Discharge*

11.4.19
25.4.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION